

FELINE CN CONVALESCENCE™

Complete dietetic wet pet food for cats of all ages for nutritional restoration and convalescence.

RECOMMENDED FOR & NOT RECOMMENDED FOR

- ✓ Critical care nutritional support
- ✓ Peri-operative nutritional support
- ✓ Convalescence from injury and illness
- ✓ Nutritional stress including
 - Lactation
 - Malnutrition
 - Feline hepatic lipidosis
- ✗ Conditions associated with the need for a low protein diet (advanced stage of chronic renal insufficiency or hepatic encephalopathy) or low fat diet (fat malassimilation)



195g

KEY BENEFITS



High concentrations of essential nutrients



High energy density to provide energy for recovery (60% energy from fat, 36% from protein)



High digestibility formulated with highly digestible ingredients

ADDITIONAL BENEFITS & CHARACTERISTICS

Helps ensure maximum compliance even in fussy anorectic and convalescing cats
High palatability

Helps support wound healing and immune function
Increased zinc and arginine

Providing additional antioxidant support during recovery
Increased vitamin E

Helps promote natural anti-inflammatory processes
Added omega-3 fatty acids

Can be used for all life stages
Suitable for use in kittens and pregnant or lactating queens

FELINE CN CONVALESCENCE™

COMPOSITION

Pork kidney[#], liver[#], lung and plasma, turkey, salmon[#], sunflower oil[#], minerals, corn starch, fish oil[#], various sugars.

Highly digestible ingredients

KEY NUTRIENT VALUES*

Moisture	77.0%
Protein	10.9%
- Arginine	0.58%
- Taurine	0.23%
Fat	7.6%
- Omega-6 fatty acids	1.26%
- Omega-3 fatty acids	0.15%
Carbohydrate	0.9%
Crude fibre	0.1%
Crude ash	3.5%
Zinc	43 mg/kg
Vitamin A	30805 IU/kg
Vitamin E	200 IU/kg
Metabolisable energy (ME) [†]	112 kcal/100g

* Typical analysis in the final product as fed.

[†] Calculated following NRC 2006 equations.

FEEDING GUIDELINES

PURINA® PRO PLAN® VETERINARY DIETS CN Convalescence™ Feline and Canine Formula is recommended until recovery or convalescence is complete. Warming food to room temperature can help enhance palatability. The product can be diluted with water (1:1) and mixed with a blender for tube feeding administration if desired.

When blended 1:1 with water, Feline and Canine CN Convalescence™ provides 0.56 kcal/ml and will readily pass through feeding tubes ≥ 14french. For smaller tubes the mixture must first be passed through a fine sieve.

ADULT MAINTENANCE

Body weight (kg)	Daily feeding quantity (can/day)
2	½
3	¾
4	1
5	1⅓
6	1½
7	1¾
8	2

KITTEN GROWTH

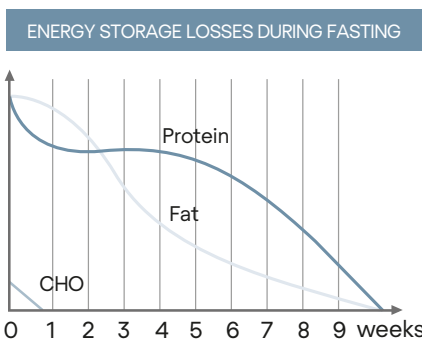
Age (weeks)	Daily feeding quantity (can/day)
6 – 12	1 – 1¼
12 – 26	1¼ – 1⅓
26 – 52	1⅓ – 1½

The importance of adequate nutrition in hospitalised patients is increasingly being recognised^{1,2,3}. Hypermetabolism and reduced appetite, often found in ill animals, predispose these patients to undernutrition⁴. During illness, hormonal and cytokine changes interfere with the normal adaptive responses to a reduced caloric intake. Thus, energy requirements are not down-regulated, and a metabolic shift also causes preferential use of body protein rather than fat to meet ongoing energy demands.

Nutritional support in hospitalised patients is key to provide the required energy and nutrients, avoiding metabolic disorders and protein catabolism; and maintaining normal organ functions⁴.

The **protein-energy malnutrition (PEM)** that can occur during the recovery period, can result in some adverse consequences including:

- Impaired immune responses
- Delayed healing
- Hypoproteinaemia
- Muscle weakness
- Anaemia
- Increased morbidity and mortality



Early patient identification for nutritional support minimises PEM consequences. The following are generally recommended as indicators of patients that require support^{5,6}:

- Anorexia for a minimum of 3 days (cats have very limited glycogen stores and are unable to down-regulate activity of hepatic transaminases that catabolise protein).
- Recent unintentional loss of >10% body weight
- Body condition score (BCS) of 3 out of 9 or less
- Inadequate/poor lean body weight
- Serious underlying disease (e.g. severe trauma, peritonitis, pancreatitis, major surgery)
- Direct protein loss (e.g. protein losing enteropathies, draining wounds)
- Poor wound healing, hypoalbuminaemia and lymphopenia

1. Brunetto MA, et al. (2010) Effects of nutritional support on hospital outcome in dogs and cats. *J Vet Emerg Crit Care*. **20**: 224–31.
2. Remillard RL, et al. (2001) An investigation of the relationship between caloric intake and outcome in hospitalized dogs. *Vet Ther*. **2**: 301–10.
3. Molina J, et al. (2018) Evaluation of the Prevalence and Risk Factors for Undernutrition in Hospitalized Dogs. *Front Vet Sci*. **29**: 205.
4. Chan DL. (2004) Nutritional requirements of the critically ill patient. *Vet Clin North Am Small Anim Pract*. **19**: 1–5.
5. Chan DL, et al. (2006) Nutrition in critical illness. *Vet Clin Small Pract*. **36**: 1225–41.
6. Chan DL. (2009) The inappetent hospitalised cat: Clinical approach to maximising nutritional support. *J Fel Med Surg*. **11**: 925–33.